



☐ Duplicate

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000,
provides for continued examination of an utility or plant application
filed on or after June 8, 1995.
See The American Inventors Protection Act of 1999 (AIPA).

Application Number	09/996,809
Filing Date*	November 30, 2001
First Named Inventor	CHEN
Group Art Unit	3623
Examiner Name	K.K. Deshpande
Attorney Docket No.	BHT/3111-215

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

- ☒ a. The Amendment/Reply filed on March 30, 2007.
- ☐ b. The Information Disclosure Statement (IDS) filed on (date):
- ☐ c. The Brief/Reply Brief filed on (date):
- ☐ d. The ___ page(s) of Form PTO-1449 and copy of each listed document filed (date):
- e. Other: Amendment Under 37 C.F.R. § 1.116 filed herewith.
- ☒ 2. A Second and Third- month Petition for Extension of Time is filed herewith.
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 501874.
- ☒ 4. Authorization is hereby given to charge Deposit Account No. 501874 in the amount of \$1,690 to cover the Large Entity Filing Fee (\$790) and the Large Entity Second and Third-Month Extension Fee (\$900). A duplicate of this form is enclosed herewith.
- ☐ 5. This Request is transmitted by facsimile to number (703) _____.
- ☐ 6. Other:

THE RCE FEE IS CALCULATED AS FOLLOWS:

THE RCE FEE IS CALCULATED AS FOLLOWS:						Basic Fee:	\$790.00
Total Claims:	11	-	20	(highest number previously paid for) =	0.00	X \$18 =	0
Independent Claims:	2	-	3	(highest number previously paid for) =	0.00	X \$86 =	0
Correspondence Address: TROXELL LAW OFFICE PLLC 5205 Leesburg Pike, Suite 1404 Falls Church, VA 22041 CUSTOMER NUMBER: 40144						Multiple Dependent Claim (add \$280.00):	0
						Subtotal:	\$790.00
						50% Reduction of Small Entity Status: \$1,180.00	\$390.00
Phone: 703-575-2711 Fax: 703-575-2707						Total:	\$790.00
Date:		Name:			Signature:		Reg. No.
June 14, 2007		Bruce H. Troxell					26,592